

LSTA Record of Professional Services

Payee: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Date(s) of Service: _____

Location(s) of Service: _____

Compensation: _____

Description of Service Performed: _____

Professional: _____
Name Title

Signature Date

Library Name: _____

Project #: _____

Grant Administrator: _____
Name Title

Signature Date



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